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THE MILITARY CHAPLAIN
AND
ALCOHOLICS ANONYMOUS GROUPS

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The purpose of this paper is to introduce the military chaplain to the Alcoholics Anonymous Group; to explain some of its principles and methods of operation; and to show how the chaplain can be a vital link between the problem drinker within the Army and the local AA group.

This is not intended to be a treatise covering all the aspects of alcoholism. It will briefly discuss the problem of alcoholism in the Armed Forces. It will also provide some useful information for the chaplain in dealing with alcoholics.

The problem of alcoholism and overindulgence among military personnel is one of deep concern to the Army in general and to the chaplain in particular. It has probably caused the moral breakdown of more young men in the service than any other single factor. Judging from past results, it is evident that our present methods of coping with the problem must be supplemented with other techniques. Neither civilian legislative effort, social disapproval, nor occupational demands have ever succeeded in combating alcoholism. As long as men drink, there will probably be some abuses and overindulgence, because of its quickly soothing effects. To many it offers a pseudo-solution to life's sorrows and an easy escape from the hard and forbidding realities of life.

Many times the Armed Forces have been accused of increasing the individual soldier's drinking habits. Whether or not this is true is questionable, but Dr. Edward A. Strecher, M.D., states in the Manual on Military Neuropsychiatry that, "Rationalization, the most commonly employed psychological device in chronic alcoholism, finds an almost natural setting in the Army." (1) The man suddenly transposed from a free-wheeling civilian life to the disciplined regimentation of the Army has a major adjustment to make. His whole life is disrupted. He is lonely, worried, and homesick for family and friends. He may even be frightened by the gruff manner of the First Sergeant or the austerity

of the Commanding Officer. During these periods of adjustment he may gradually overindulge while seeking to escape from the restricting realities of military life.

Soon the chaplain may have a problem drinker on his hands. How is he going to handle him? Perhaps the man has been to the "medics" and taken the cure. Maybe he has even tried "Antabuse" or some other aversion treatment for a period of weeks or months, all to no avail. As I write, I am reminded of several soldiers that have come to me in times past, filled with anxiety and remorse, seeking deliverance from the habit and a normal life of sobriety. Their Army career, their marriage ties, and even their physical health were at stake. Dealing with such problems requires much time, patience, and a sincere interest in the man personally. If the chaplain assumes the attitude of condemnation, judging the man for his lack of self-control, his counseling will be ineffective. But if he honestly endeavors to understand the man in such a dilemma, he will probably gain his confidence and be able to help on the road to recovery. The assumption sometimes made by AA's that "only an alcoholic can help an alcoholic" is, of course, not true. But it is true that an alcoholic has a special entree to another alcoholic. Alcoholics Anonymous have used this fact as one of their working principles in effectively helping an estimated 200,000 alcoholics achieve sobriety. To take advantage of their experience, the chaplain should establish cordial working relationships with the local AA group. He will find a warm welcome and readiness to assist any one honestly desiring to quit drinking.

Alcoholics Anonymous was initially conceived in 1935 by a New York stockbroker and an Akron, Ohio physician. Both were suffering from alcoholism and desperately trying to cast off its shackles. Together they helped each other to remain sober and immediately set out to help others. From their efforts grew the organization as we know it today. It is not organized in the formal or political sense. There are no governing officers, no rules or regulations, no fees or dues. In his book, The Problem Drinker, Joseph Mirsh states that "the original qualifications for membership were measured in expensive terms--broken homes and divorces, unemployment and panhandling, periodical arrests and

degradation. The initiate, hiding his misery and his fears behind a dull look or vapid smile, qualifies less by his erratic behavior--his breakneck fall down subway steps, his blind caroming down the street--than by his own realization that he cannot go on. He has hit bottom. From its earliest days, for many members, the alternative to Alcoholics Anonymous was a slow suicide." (2)

The need for certain services to alcoholics and their families through out the world was, however, apparent from the beginning of the movement. Inquiries had to be answered. Literature had to be written, printed and distributed. Requests for help had to be routed and followed up. The General Service Headquarters was set up to take care of this work. It is located in New York City, manned by a staff of approximately 20 people who handle relations with local groups, with hospital and correctional institutions, with members and groups overseas, and with thousands of "outsiders" who turn to AA each year for information on the recovery program. In the Big Book, Alcoholics Anonymous, the author states, "AA has but one objective: to help other alcoholics achieve and maintain sobriety by following the suggested AA recovery program. They advocate no religious viewpoint; take no political stand; indulge in no controversy even on the studies of alcoholism. They endeavor to be independent of all other institutions, politically and financially." (3) Today about 6,000 groups are located in every state in the Union and in some 50 foreign countries.

In AA the alcoholic will find a combination of medicine and psychiatry, religion and human experience, committed to the single purpose of helping those who are willing to surrender their drinking and admit their own inability to manage their lives.

The best way for a chaplain to work with AA and get help from it is found in an article by Marty Mann, executive director of the National Committee On Alcoholism, entitled "The Pastor's Resources in Dealing with Alcoholics." As a part of this article she gives some suggestions for starting an AA group: "There may be some towns where AA has not yet started. The Pastor who finds himself in such a situation need not give up hope. It takes two alcoholics trying to get well to make a group,

but only one alcoholic trying to get well to start a group. If the pastor knows even one alcoholic who he thinks really wants to stop drinking, he can very well help him start an AA group. But he must always remember that it is the alcoholic who is starting the group, and not himself. In other words, he should remain in the background, ready to offer advice and assistance but not taking a prominent part in the activities of the one, two or three alcoholics who are trying to get started. His greatest usefulness will always be in providing new prospects for the first ones to work on, in spreading the word among his colleagues, and even in actually bringing the AA and the new prospects together." (4) There are two reasons for the chaplain staying in the background. First, if the group were too closely associated with a religious leader, agnostic alcoholics would stay away. Second, it may cause alcoholics of other faiths to avoid the meetings.

The chaplain assigned to a new post should seek to establish a working relationship with the local AA group at his first opportunity. This means getting acquainted with several key members who can be called on for assistance. The group chairman or secretary is important to know since he or she is usually an alcoholic of stable sobriety and sufficient experience in AA to be very helpful, and make introductions to other members. He should by all means attend the "open" meetings. In so doing he will show the AA members that he is interested in their work. It will also help to establish a friendly rapport with the members he will need to call on for help with alcoholics at a later date. The fellowship around the coffee-cup after the meetings will result in a greater understanding of both AA and alcoholism. The chaplain should read the basic books and pamphlets published by the General Service Headquarters, and perhaps subscribe to their monthly journal, "AA Grapevine." This little magazine is filled with valuable information written by alcoholics regarding their "slips" and how they were helped by themselves, ministers, and other AA's to regain their stability.

Once the chaplain has established a cordial working relationship, he will discover that referral to AA is a two-way street. Alcoholics who learn to know and trust him will come to him with their problems.

Marty Mann summarizes what she considers the ideal relationship between a pastor and AA should be: "In short, the pastor's relationship with his local AA group should be one of reciprocity, of a free exchange of information and ideas on the particular case for which he desires help." (5)

Chaplains who have had success in referring alcoholics to AA groups have emphasized these requirements: First, before introducing a problem drinker to the AA group, be sure he is an alcoholic; that he knows it and is not only willing to admit it, but sincerely desires to quit drinking. Second, don't urge him to attend AA meetings against his will; permit him to make his own decision when he is convinced that he can't lick the problem by himself.

To determine whether a man is an alcoholic is not always easy, but a few simple questions may help. The chaplain may ask, "Does the person's drinking, frequently or continuously, interfere with his social relations, his role in the family, his job, his finances, or his health?" If so, the chances are that he is an alcoholic, or on the verge of becoming one. Dr. Clinebell states in his book, "Understanding and Counseling the Alcoholic," "An alcoholic is any one whose drinking interferes frequently or continuously with any of the important life adjustments and interpersonal relationships." (6) This definition contrasts the alcoholic with other modified types of drinkers. The non-alcoholic will recognize interference and reduce his consumption, but the alcoholic will not recognize the cause of all his trouble. He will be prone to blame other people or conditions for his many difficulties and failures.

After the chaplain has gained insight into the alcoholic condition of the man he is trying to help, he should be cautious about referring him too quickly to the AA group. If he coerces him into attending the meetings before he is willing to surrender or admit that drinking is a real problem, it may lessen his chance to start an effective cure. Early failure in self-control may keep him from returning to the meetings. The author of Alcoholics Anonymous states that in some cases such a person may never return, and in others he may wait for as long as five or ten years before he is again willing to admit his utter defeat. To prevent such an unfortunate beginning the chaplain would be wise to discuss the general problem of alcoholism freely with the problem drinker.

Such discussion helps the individual and the chaplain to view the problem objectively--to recognize it as a disease--that can be cured. The alcoholic is not to be blamed for having the disease. Marty Mann reminds us in her book, "Primer on Alcoholism," that, "We must create a mental climate of knowledge and understanding which will affect the alcoholic constructively, bringing him first to a recognition of his illness, and second to a recognition of his need and his right--in fact his moral obligation--to seek treatment for his illness." (7) The alcoholic's whole life is out of focus and the "getting it straight" requires courage, strength, and understanding. If the chaplain will enlist the aid of an AA member in these discussions he will help the alcoholic gain a better understanding of his problem and at the same time increase his interest in the AA program of recovery.

AA members do not go out into the Skid Rows, or saloons seeking new members. They wait until the alcoholic comes seeking for their help. When asked for help, they give it unstintingly, night or day. Marty Mann says, "AA members willingly perform all the functions so often asked of them in vain on behalf of an unwilling alcoholic: playing detective, doctor, nurse, policeman, and constant companion; giving understanding and sympathetic help at all hours...helping out with family problems, sometimes even taking the alcoholic in to live with them." (8) The alcoholic who asks for help will never be turned away. He will be shown the AA way to sobriety. Further, he will be convinced that he too can learn the way by seeing about him many others who have successfully recovered from the illness of alcoholism. As he attends the meetings and hears the remarkable stories of others, he will begin to think, if they can stay sober and enjoy it, he can too. Thus hope once again comes to life as he sees its effects in the lives of other AA members.

The AA program is based on the simple premise of admission, surrender, and action. For the alcoholic the first step is the most difficult--to admit that he is an alcoholic and that he cannot manage his own life. In most cases the alcoholic has to literally hit bottom. To know that he cannot live without help, means that he will have to surrender his will, his destiny, to a power greater than himself. He will have to surrender the idea of being able to drink even a little

or moderately as others do. For him it will have to be total abstinence. Dr. Harry M. Tiebout has brought out some important factors regarding the AA personality, and the reason why it is so difficult for him to surrender. He noted that in AA meetings "the role of resentments was a recurrent theme." Pride and a defiant ego were evidently immortant to the alcoholic and therefore a block to surrender. Dr. Tiebout further contrasts the difference between compliance and surrender on the part of the alcoholic. If he merely complies with the wishes of those trying to help him, he will probably return to his drinking. In compliance, he will go through the outward amenities, manifesting a willingness to remain sober, promising never to take another drink. However, the will has never really given up the idea of total abstinence; the admission has been made with mental reservations.

After an act of surrender the alcoholic reports a sense of unity and inner tranquility. He feels like a new man. He experiences a wholeness and self-confidence that was previously only a dream. Because of this inner happiness he is anxious to share his experience with others. This is the action phase of the AA program. Dr. Hirsh describes their witnessing rather humorously, stating that, "in their meetings, AA's are the most constant confessors. They are about as modest as a burlesque queen. They're quick to tell any one who will listen--in a happy kind of catharsis--of the days when they ranged from bottle-hurshers and tipplers to tosspots and just plain drunks. They know and understand every trick, every deception, every rationalization of the compulsion to drink." (9)

At his first meeting, the alcoholic may be wary, unbelieving, touchy and critical of the inroads into his privacy, but he soon learns that these people are his friends, victims of like passions and weaknesses, that have found a new life which he can share. He begins to regain his confidence and achieves a feeling of "belonging" to a group. He is no longer alone nor without understanding friends.

Sometimes the spiritual aspects of the program may cause the alcoholic to consider it another attempt to evangelize or convert him to religion. However, after he accepts and begins to put the principles into action, he eventually concludes that a "power greater

than himself" has indeed been at work. With the consciousness of this greater power, and the realization that he must "work out his own salvation;" (10) never again resting on his own laurels, he is immediately encouraged to put into effect the twelfth step--carrying the message to others.

The working principles of AA are definitely based on religious truths, which provide a basis for a ministry such as the chaplain can render. One Army Chaplain informed me that he attended each weekly meeting of the AA group near his station of duty. This group was composed of approximately fifty per cent military personnel. As various members became better acquainted with him and gained confidence in his sincere interest in their problem, he was called upon many times to speak to the group and to counsel with the spiritually. As the alcoholic grows in spiritual concepts, he will desire, even require further religious instruction. To these men so interested (some will retain their previous anti-religious feelings) the chaplain can understandingly and sincerely offer his services. If the need arises, he may assist in arranging meeting places on military bases or in the homes. In all his efforts, the alcoholic should be assured that the chaplain is not recruiting new members for his particular denomination or chapel services. Key members in the group should especially understand that the chaplain's interest is one of cooperative liaison between them and the problem drinkers within the military establishment.

Once the chaplain has introduced an alcoholic to the AA group, and the man has started the road to recovery, he should constantly seek ways of reassuring him. Try to keep him from thinking about slipping by reminding him of the AA "twenty-four hour plan." "He is not to swear off drinking for life; he is not to make any promises to anyone, even to himself; he is simply to try not to drink for today." There is an extra, hidden value in this technique, as well; at the end of the first day without a drink under this plan, the alcoholic feels a sense of accomplishment he has not known for years. It is often enough to carry him sailing through the second day, and that in turn carries him through the third. Almost before he knows it he has gone a week, a month, perhaps for the first time in years." (11) Further encouragement can be given

by visiting the man on the job regularly, praying with him often if he is willing, and participating with him in some form of off-duty social life. Don't attempt to do too much, otherwise he will become too dependent. If he slips and gets drunk or goes on a "binge," as some of them do a few times, and calls for help, take another AA member to help him. The chaplain will soon discover that he, himself, "cannot do an AA job on the alcoholic. He will see with his own eyes at meetings and at interviews he may witness that the man or woman who has actually been through the appalling experience of alcoholism has an edge on him that no substitute knowledge can replace. For one thing, the sober AA member is the embodiment of hope. He is the living promise that it can be done. He makes faith in the possibility of recovery a thing that can be seen and touched and heard--himself. And, step by step, he can tell not how it can be done, but how he did it." (12)

Above all, encourage the man to attend at least six hours of AA meetings before he quits. Many will be discouraged and tempted to quit after their first few meetings. Remind him that it probably took him many years to reach the point of alcoholism which finally drove him to seek AA help; therefore he can't expect to recover overnight. People suffering from other illnesses have relapses too, but that does not mean they will never recover. Relapses are not to be taken lightly; they are serious setbacks to be diligently avoided. If the chaplain will continue to work with the alcoholic, keeping in mind that he is struggling up a slippery road, filled with many pitfalls, toward a new life, his reward will be great indeed. For the average alcoholic is filled with gratitude for the help received once he realizes he is regaining life and self-respect.

In summary and conclusion the chaplain should keep in mind the following points:

1. He should appreciate the immensity of the AA programs in the Army and the availability of their help at all times.
2. He should take every opportunity to form a cordial cooperative relationship with key members of the local AA group. A study of their basic principles and attendance at weekly meetings will strengthen such ties.

3. He should have an intelligent understanding of the underlying causes of alcoholism.

4. He should recognize alcoholism for what it is--a progressive, ^{sometimes} ~~often~~ fatal disease, if it is not treated and arrested. It can be arrested through the help of any AA group, if the alcoholic is willing to surrender and accept their help.

5. He should be able to recognize deep psychiatric and physiological disorders and make referral to competent professionals.

6. He should never give up hope. There is hope for every alcoholic who has not been permanently damaged, either physically or mentally, by long years of alcoholic drinking. He can recover if he receives treatment that is available, in time.

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